

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 10/25/2012
 Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName Withhold Accounting Period PurchaseOrder Invoice Number Total Amount
 Number Line Line# Description

00313610 1 1/S meals & lodging 1 542200 Employee I/S Meals & L 06101 NASH GAYLE-001 2013 10 0000094396 Nash, G. 10-0-10 520.00
 Total For Voucher 520.00

10-30-12
 0000094396

| Summary | Invoice Information | Payments | Voucher Attributes | Error Summary |
|---|-------------------------------------|-------------------|--------------------|---------------|
| Business Unit: 66500 | Invoice Number: Nash, G. 10.8-10.12 | | | |
| Voucher ID: 00313610 | Invoice Date: 10/22/2012 | | | |
| Voucher Style: Regular | Total: 520.00 | | | |
| Vendor: NASH, GAYLE C 1190 ST FRANCIS DR N 4100 SANTA FE, NM 87502 | *Pay Terms: Pay Now | Schedule Payments | | |
| Saved | | | | |
| Payment Information | | | | |
| Scheduled Payment: 1 | Gross Amount: USD | | | |
| *Remit to: 0000099443 | Discount: USD | | | |
| Location: 001 | Late Charge | | | |
| *Address: 1 NASH, GAYLE C 1190 ST FRANCIS DR N 4100 SANTA FE, NM 87502 | Scheduled Due: 10/22/2012 | | | |
| | Net Due: | | | |
| | Discount Due: | | | |
| | Accounting Date: | | | |
| Payment Method | Pay Group: | | | |
| *Bank: | Handling | | | |
| *Account: | *Netting: N | | | |
| *Method: | | | | |
| Message: | | | | |
| Message will appear on remittance advice. | | | | |

Summary | Invoice Information | Payments | **Voucher Attributes** | Error Summary

Business Unit: 66500

Invoice Number: Nash, G. 10.8-10.12

Voucher ID: 00313610

Invoice Date: 10/22/2012

Voucher Style: Regular

Total: 520.00

Voucher Processing

Post Voucher

Close Voucher

✓ Revalue Voucher

Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD

Account At: Gross

Match Action

*Status: Ready

Pay UnMatched Voucher

Transaction Currency

*Source: Tables

*Currency: USD

Rate Type: CRRNT

Exchange Rate:

1.00000000

Voucher Approval

*Approval: Specify at this Level

Business Process: PROCESS_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option:

SBI Number:

Prepayment

Prepayment Reference:

Automatically Apply Prepayment

Postpone Withholding

Letter of Credit

Letter of Credit ID:

Tax Group

[illegible]

New Mexico Department of Health Travel and Training Request Form

| | | | | |
|-----------------------------|-------------------------|------------|------------|--------------|
| Employee Information | Employee Name: | Gayle Nash | Position: | CNO |
| | Department ID and Fund: | 6001001000 | Telephone: | 505-690-1065 |
| | Post of Duty: | Las Cruces | Residence: | Las Cruces |

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

| | | | | | | |
|----------------------------|--|------|--|--------|------------|---------|
| Vehicle Information | <input checked="" type="checkbox"/> Check if state vehicle | | <input type="checkbox"/> Check if personal vehicle | | License #: | GS-1768 |
| | Year: | 2011 | Make: | Nissan | Model: | Allima |

| | | | | | | |
|----------------------------------|---|---|--|--|--|--|
| Trip/Training Information | Please provide agendas, itineraries and any relevant documents. | | | | | |
| | Course Name: | Meeting with staff at NMSVH in Truth or Consequences and Santa Fe staff | | | | |
| | <input checked="" type="checkbox"/> Check if training is required | | | <input type="checkbox"/> Check if Continuing Education credits will be granted | | |

| | | | | | | |
|--|-----------------------------------|----------|--------------|-------------------------|--------------------------------|----------|
| Travel Information | Date of Request: | 10/05/12 | Destination: | T or C, NM and Santa Fe | | |
| | Departure Date: (month/day/yr) | 10/08/12 | Time: | 07:00 AM | Return Date: (month/day/yr) | 10/12/12 |
| | | | Time: | 07:00 PM | | |
| <input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By: | | | | | | |

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

| | | | | |
|---|---------|---------------------------------|-------------------------|-----------|
| 546700: Subscription/Annual Dues | | 542100: In-State Mileage: | @ .41 per mile | \$ 0.00 |
| 546800: Registration – Employee | | 542200: In-State Per Diem: | 1 @ \$85/day | \$ 85.00 |
| 546800: Registration – Vendor | | Santa Fe Only: | 3 @ \$135/day | \$ 405.00 |
| 549600: Airline Cost – Vendor | | 549700: Out-of-State Per Diem: | @ \$115/day | \$ 0.00 |
| Airline Cost – Employee | | Actuals: | @ /day | \$ 0.00 |
| Baggage Fee | | With meals: | @ \$45/day | \$ 0.00 |
| Shuttle Fee | | Partial day: | @ \$12/2-6 hrs | \$ 0.00 |
| Taxi Fee | | Partial day: | @ \$20/6-12 hrs | \$ 0.00 |
| Parking Fee | | Partial day: | 1 @ \$30/12 or more hrs | \$ 30.00 |
| Mileage @ .41 per mile | \$ 0.00 | Total reimbursement to employee | | \$ 520.00 |
| Miscellaneous Expense: days @ \$6 per day | \$ 0.00 | Total cost of trip | | \$ 520.00 |
| Car Rental: days @ per day | \$ 0.00 | | | |

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

| | | | |
|---|-------------------------------------|--|-------------------------|
| <u>Gayle Nash</u> Employee Signature | <u>10-18-2012</u> Date | <u>[Signature]</u> Supervisor/Bureau Chief Signature | <u>10/18/12</u> Date |
| <u>[Signature]</u> Division Director/Hospital Administrator (As per specific division requirements) | <u> </u> Date | <u>[Signature]</u> Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.) | |